

Patient-Centered Medical Home Legislation

Office of the Commissioner of Securities and Insurance (CSI)

What are Patient-Centered Medical Homes?

The Patient-Centered Medical Home (PCMH) is a solution to rising health care costs that promotes comprehensive primary care by creating partnerships between primary care providers, patients, and their families. The PCMH approach emphasizes proactive, preventive care and chronic disease management, instead of sporadic, rushed, reactive doctor visits.

A PCMH places patients at the center of their medical home team, making them active participants in their care. A patient's primary care provider leads a team of health professionals who collectively take responsibility for delivering or coordinating care at all stages: acute care, chronic care, preventive services, and end of life care. The team includes the physician, nurses, physician assistants, medical assistants, care coordinators, and support staff. This team-based approach leads to better health outcomes and improved satisfaction for patients and providers.

PCMHs are not managed care by insurance companies. The PCMH model puts the physician in the driver's seat, coordinating care around the patient with a team of medical professionals.

The PCMH Initiative and CSI

In 2010, a stakeholder group of insurers, consumers, and providers from across the state organized by Montana Medicaid asked the CSI to lead the PCMH effort. As the state's chief insurance regulator, the CSI can bring private health insurance companies to the table to address payment options. Under the CSI's leadership, the group met regularly and recommended PCMH recognition standards, ways for measuring quality improvement, and a new framework for payment.

Why is legislation needed?

- Legislation will create a governing body of medical professionals, insurers, and consumers who will set minimum standards for health care provider groups who wish to be designated as a PCMH.
- Legislation will allow multiple payers to share the cost of transforming a medical practice into a PCMH without violating anti-trust laws.
- Legislation makes it clear that PCMHs serve the public interest by transforming health care delivery in a way that is better for patients, reduces burn-out of health care providers and may ultimately lower health care costs.
- In order to provide a sufficient "safe harbor" from anti-trust restrictions, there must be ongoing state involvement in the oversight of PCMHs. Legislation creating the PCMH commission provides that oversight in a way that allows input from all interested parties.
- A true PCMH goes beyond disease management and is not a program belonging to a single payer. Legislation will lay a statewide foundation for all payers and providers to build a sustainable PCMH system that's fair for all Montanans.

Payers, providers, and patients alike need clear standards and expectations for PCMHs to achieve a return on investment and improved health outcomes. With legislation, the PCMH model will break down barriers between patients and their physicians, making health care more cost-effective and quality-focused for all Montanans.

Find out more:

csi.mt.gov

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